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Plw MAY 28 2018

003470

**D206-781-033**  
**Job Sheet 178035**



Part No: D206-781-033

Job Qty: 8 ea

Part Name: Baggage Compartment Protectors Floor Only



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 5/25/18

Job Tracking No:

Due Date: 6/12/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: IPP RevA: New issue DD verified by:EC

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 8 Ea  | 6/12/18    | 6/12/18  | 0.00      | 0.00    | Start Up Stores/Pkg-1 |           | JUN 11 2018 |
| 110   | Packaging          | 8 pcs | 6/12/18    | 6/12/18  | 0.00      | 0.00    | Packaging1-2          |           | JUN 11 2018 |
| 120   | QC                 | 8 pcs | 6/12/18    | 6/12/18  | 0.00      | 0.00    | QC4                   |           |             |
| 125   | DC                 | 8 pcs | 6/12/18    | 6/12/18  | 0.00      | 0.00    | DC                    |           |             |
| 130   | Packaging          | 8 pcs | 6/12/18    | 6/12/18  | 0.00      | 0.00    | Packaging3-2          |           |             |
| 140   | QC21-FG            | 8 Ea  | 6/12/18    | 6/12/18  | 0.00      | 0.00    | QC21                  |           |             |

Part Op 125 - Photocopy bluefile & type labels per PPP D206-781-033 CHG 001

Descriptions: 130 - Identify and pack for shipping as per PPP D206-781-033 Location : FG146

F9025

### Job BOM

| Part / Item | Component Name          | Quantity       | Operation             | Container |
|-------------|-------------------------|----------------|-----------------------|-----------|
| D3878-1     | Baggage Protector-Floor | 8 Ea (1 ea)    | 90-Start up Operation | * 5076595 |
| D3918-1     | Placard                 | 8 Ea (1 ea)    | 90-Start up Operation | 5027094   |
| MS24694-S50 | Screw                   | 144 Ea (18 ea) | 90-Start up Operation | 5066937   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D3878-1        | 8        | 0         | 0         |
|                       | D3918-1        | 8        | 23        | 0         |
|                       | MS24694-S50    | 144      | 296       | 0         |

### Part Specifications

Specifications could not be found.

Plex 5/25/18 10:00 AM Dart.lajeunesse.marie

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |                                              |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                       |                                              |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                       | Completed By                                 |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       | Coordinator                                  |  |

|                    |                          |                       |                          |                        |                          |                                   |                          |           |                          |
|--------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|-----------|--------------------------|
| Root Cause         |                          |                       |                          | FAULT CATEGORY         |                          |                                   |                          |           |                          |
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Lo  | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Prc | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain     | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld      | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong     | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out o     | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-s     | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Misl      | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/      | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Mi        | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | OTHER :                |                          |                                   |                          |           |                          |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |                        |                          |                                   |                          |           |                          |



Date: 06/11/18



## Change Record

Part Number D206-781-033Page 1 of 1

|             |                                       |
|-------------|---------------------------------------|
| Description | FLOOR PROTECTOR (BAGGAGE COMPARTMENT) |
|-------------|---------------------------------------|

[illegible]